

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **10/22/10 10:00 am****SMITHTOWN ANIMAL SHELTER
410 MIDDLE COUNTRY ROAD
SMITHTOWN NY 11787**Inspector #: **59**

 These are the findings of an inspection of your facility on the date(s) indicated above:

A. Standards of Care

- | | |
|---|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | Yes |
| 4. Dogs are handled safely | Yes |
| 5. Adequate space is available for all dogs | Yes |
| 6. Light is sufficient for observation | Yes |
| 7. Ventilation is adequate | Yes |
| 8. Temperature extremes are avoided | Yes |
| 9. Clean food and water is available and in ample amount | Yes |
| 10. Veterinary care is provided when necessary | Yes |
| 11. Dogs are euthanized humanely, by authorized personnel | Yes |
| 12. Outdoor shelter complies with Article 26 | Yes |

B. Records

- | | |
|---|----------------|
| 1. DL-18 Seizure Report is on file for all impounded dogs | Yes |
| 2. Holding period is observed before adoption or euthanasia | Yes |
| 3. All dogs are licensed before release | Yes |
| 4. Impound fee paid before dog is released | Yes |
| 5. Written contract or lease with municipality | Not Applicable |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

 Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4708	Town of Smithtown

REMARKS:

 REPRESENTATIVE PRESENT FOR INSPECTION:
 TITLE: **DIRECTOR**
GEORGE BEATTY
 REVIEWED BY: **Inspector #: 18**
 REVIEWED DATE: **10/24/2010**